LIUUUUUUJAA

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2015 JUL 21 A II: 3° SECRETARY OF STATE

> W. 2.2.20.5 BRUCE



July 7, 2015

DENNIS NELSON 2355 THOMSON WAY WELLINGTON, FL 33414

SUBJECT: DENNIS NELSON LLC Ref. Number: L10000069529

We have received your document for DENNIS NELSON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "L.C." The following suffixes are no longer acceptable: "Limited Company," L.C.," "Ltd.," and "Co."

The document number of the name conflict is P10000055391.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 015A00014118

COVER LETTER

TO: Registration Se Division of Cor					
DENNIS N	NELSON LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DENNIS NELSON				
	_				
	THE NELSON GROUP				
	_				
		Address	•	_	
	TA: 2				
		City/State and Zip Code		10.5 10.5 10.5 10.5 10.5 10.5 10.5 10.5	~~
	DNELSONGROUP@GMA	AIL.COM to be used for future annual report notific	ontion)	E JE	
For further information of	concerning this matter, please c		zanony	2015 JUL 21 A SECRETARY OF ALLAHASSEE.	_
DENNIS NELSON		561 202-7151		A III	
Name o	of Person	at () Area Code Daytime	Telephone Numbe		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
	ING ADDRESS:	STREET/COURIE			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DENNIS NELSON LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our red Liability Company)	rords.)
The Articles of Organization for this Limited Liability Company	were filed on 6/30/2010	and assigned
lorida document number L10000069529		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
THE NELSON GROUP TNG, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		.,,
Principal office address MUST BE A STREET ADDRESS)		
		2015 SEC
•		AHA JUL
nter new mailing address, if applicable:		JUL 21 AHASSE
Mailing address MAY BE A POST OFFICE BOX)		
Among minutes Militabenia OST OFFICE BOX		97
		The same of the sa
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action	
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			Remove	,ste
			Change	
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an effective date is listed, the date must ote: If the date inserted in this bl	ock does not	meet the appl	icable statutory				
ocument's effective date on the D	epartment of	State's record	IS.				
record specifies a delayed	deffective	date, but r	ot an effect	ive time, at 1	2:01 a.m	. on the	e earlier of:
The 90th day after the rec	ord is filed						
JUNE 30TH		2016	·				
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J	_/ W						

Page 3 of 3

Filing Fee: \$25.00